Department of Public Health Weekly Time Log Worksheet

Agency: DPH
Pay Org: 0294

Read Org: Download Date: 2/20/2012 7:32:30 AM
WeekEnd Date: 2/25/2012
Pay Period End Date: 2/25/2012
Accrual Calc Date: 2/11/2012

SIGNATURE: DATE: DATE: DATE:

EmplID Position#	1 -	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Leave
Jobcode BU Std Hrs		(2/20)	(2/21)	(2/22)	(2/23)	(2/24)	(2/25)	Balances

This Timelog Report was downloaded from HRConnectsUs and represents data from HR/CMS Information Warehouse (CIW). In the case that information on this report conflicts with information in the CIW, the information contained in CIW will be considered the official record.

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EmplID Position; Jobcode BU Std I		Sunday (2/19)	Monday (2/20)	Tuesday (2/21)	Wednesday (2/22)	Thursday (2/23)	Friday (2/24)	Saturday (2/25)	Leave Balances
Division: 204	48								!
E20Y13 09 Co	0 059214 (20 4 8) orbett 37. ate REG	50	7.5 HLN 7,5	7.5 VAC 1,0	7.5	7.5 SIF 7.5	7.5	0	PER 22.500 COM 0.000 PLC
E20Y13 09 Fr	0 028808 (2048) rasca 37. anjela REG		7.5 HLN 7.5	7.5	7.5 SIC 7,5	7.5	7.5	0	PER 22.500 COM 29.500 PLC VAC 166.250 SIC 425.000
E20Y13 09 Gl	0 048601 (2048) .azer 37. .sa REC	50	7.5 HLN 7.5	7.5	7.5	7.5	7.5	0	PER 22.500 COM 0.000 PLC VAC 42.625 SIC 31.635
E22Y16 09 La	0020748 (2048) awler 37. ichael REC		7.5 HOL 7,5	7.5 OTS 2.95	7.5 SIC 7.5	7.5	7.5	0	PER 17.500 COM 0.000 PLC VAC 110.276 SIC 95.873
E18Y19 09 L1 He SDF:	0033050 (2048) Leshi 37. evis REC	50	7.5 HWC 7,5	7.5	7.5 PER 3.0	7.5	7.5 0752,5 07 <i>P0,5</i>	0 1 P 25	PER 7.500 COM 6.250 PLC VAC 41.500 SIC 48.250

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Empll) Position# Jobcode BU Std Hrs	Sunday (2/19)	Monday (2/20)	Tuesday (2/21)	Wednesday (2/22)	Thursday (2/23)	Friday (2/24)	Saturday (2/25)	Leave Balances
285766 - 0 00045979 (2048) E20Y13 09 Medina 37.50 Nicole REG SDF: Shift 1	0	7.5 HLN 7,5	7.5 PER 17,5	7.5 VaC 0,5	7.5 VaC 1.5	7.5	0	PER 22.500 COM 0.000 PLC
118097 - 0 00047658 (2048) E24Y06 09 O'Brien 37.50 Elisabeth REG SDF: Shift 1		9 HW75 VAC 15	į.	9 .	6.5	6.5	О	PER 22.500 COM 1.000 PLC VAC 240.379 SIC 397.561
139184 - 0 00039541 (2048) E07R02 06 Phillips 37.50 Gloria REG SDF: Shift 1	0	7.5 HLN 7.5	7.5 CMT 7,5	7.5 CMT 7.5	7.5 MT 75	7.5 CMT 17,5	0	PER 0.000 COM 0.000 PLC VAC 16.875 SIC 0.005
138624 - 0 00038977 (2048) E24Y06 09 Piro 37.50 Peter REG SDF: Shift 1	0	7.5 HWC 7.5	7.5 UTS 2.5 OTP 2.5	7.5 OTP 3,0	7.5 OTP 2.0	7.5	OTP 7,5	PER 22.500 COM 0.000 PLC VAC 167.375 SIC 643.625
297673 - 0 00004965 (2048) E20Y13 09 Renczkowski 37.50 Daniel REG SDF: Shift 1 This Timelog Report was downloaded this report conflicts with informations		7.5 HOL 7.5	7.5	7.5	7.5	7.5 0752,5 07P0,5	7,5	PER 7.500 COM 0.000 PLC VAC 37.875 SIC 63.255

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EmplID Position# Jobcode BU Std Hrs	Sunday (2/19)	Monday (2/20)	Tuesday (2/21)	Wednesday (2/22)	Thursday (2/23)	Friday (2/24)	Saturday (2/25)	Leave Balances
128891 - 0 00029212 (2048 E09R01 06 Sprague 37 Shirley RE SDF: Shift 1	. 50	7.5 HIN 7.5	7.5 VAC 1,0	7.5	7.5	7.5	0	PER 37.500 COM 0.000 PLC
106754 - 0 00006997 (2048 E20Y13 09 Tran 18 Mai RE SDF: Shift 1	.75	6 HWC375 REG 6.0	0	6	6.75	0	0	PER 2.500 COM 0.250 PLC
220854 - 0 00010739 (2048 E07R02 06 Zanolli 37 Janice RE SDF: Shift 1 This Timelog Report was download	.50 G	7.5 HLN 7.5	7.5 VAC 7,5	7.5 VaC 7,5	7.5 VaC 7.5	7.5 VAC 7,5	0	PER 25.500 COM 0.000 PLC VAC 97.924 SIC 90.287

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Time Log/Program / Area: 2048- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Employee Name:	T	Conda : 00	NADIAO	Manda M	200740	Y	0/04/40	T		· · · · · · · · · · · · · · · · · · ·		,	12		
employee Name:		Sunday 02	419/14	Monday 0	2/20/12	Tuesday 0	2/21/12	Wednesday	02/22/12	Thursday (12/23/12	Friday 02/2	4/12	Saturday 0	2/25/12
Corbett,Kate	Day: In – Out					19	Dry -	74°	30						
Dopper what	Lunch: Out - In					Den	1330	Dr.	1320						
Employee Signature	Outside Duty: From – To														# 344 (Fr. 121) - 12 (Fr. 121)
Document exceptions or comments, indica	ate type and			HLA	175	Mac	a				hr F	7.5 VA			
Frasca, Daniela	Day: In — Out					6:25	Zill			6.45	245	1	245		
45161000	Lunch: Out – In						R1:10			1:00]:30		1:00		e agrossa egia egia Luguna agra estada eli antika egia
Employee Signature	Outside Duty: From – To														
Document exceptions or comments, indicamount.	ate type and			HLA	<i>نب</i>			7.5	6 7						
Glazer,Lisa	Day: In – Out					7:05	3:05	おじ	3:10	7:10	3:10	70	1010		
45161000	Lunch: Out – in					12:00	123	, carameter ex			1230				
Employee Signature	Outside Duty: From – To				-			815°	Q145						
Document exceptions or comments, indicamount.	ate type and			HL1								1.5 Va	hr		
Lawler Michael	Day: In Out			650	330	1902	8:20			815	430	820	420		
45/91/00 / // // /h_	Lunch: Out – In			(15V	1220	120	150			105	135	125	155		
Employee Signature	Outside Duty: From – To														
Document exceptions or comments, indicamount	ate type and			HOL	75	2,2	TUT	7.5 5k	5 hr k time						

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

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Employee Name:		Sunday 02	2/19/12	Monday 0		Tuesday 02		Wednesday		Thursday		Friday 02/2		Saturday 0	
Lleshi, Hevis	Day: -In Out								12:15	642	11:45	7:15	6:15	6:45	2:45
81009749	Lunch: ' Out – In			1150	12:20	12:10	12:40					12:00	15:30	12100	12:30
Employee Signature	Outside Duty: From – To													shad sa cidae	
Document exceptions or comments, indica amount.	te type and			HW Con	C7,5	shr		Pers	60 he sonal,	٦.: الم	5 hrs csonal	3 hrs	5 DT ت	7 .5 	hrs T
Medina, Nicole	Day: In – Out							745		130		710	310		
\$161000	Lunch: Out – In							3	اي مح			12	D399		
Employee Signature	Outside Duty: From – To														
Document exceptions or comments, indica amount.	te type and			HU	V 75	PER	7.5 -	0,5 *(aC		15	٥		•		
O'Brien, Elisabeth	Day: In – Out					725	P	719	445		720	130	230		
45161000	Lunch: Out – In					11/30	1200	1)30	1200	1205	1235	1135	1205	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Employee Signature	Outside Duty: From To								•		•				
Document exceptions or comments, indica amount.	te type and			HLN VAC	15										
Philips, Gloria	Day: In – Out									•		•			
45161000	Lunch; Out – In			/				/							
Employee Signature	Outside Duty: From – To													2	
Document exceptions or comments, indica amount.	te type and			HLA	17,5	CMT	-7.5 ~	CMT	7.5 V	CMT	7.5	CMI	7,5		

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Director's Signa : 1111 MWW	
Employee signatures on this time sheet certify the employee has performed the work associated with the acco	ount(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

	T	<u> </u>	7	·			· · · · · · · · · · · · · · · · · · ·			Februa	y 23, 20			
Employee Name:		Sunday 02/19/12	Monday (2/20/12	Tuesday 0	2/21/12	Wednesday	02/22/12	Thursday	02/23/12	Friday 02/2	4/12 6	Saturday 0	2/25/12
Piro, Peter	Day: in – Out		7/0	315	7150	215	100	(D)	45	442	1/30	530	645	302
45161000	Lunch: Out – In		1200	1230	12	(230	r		215	235			121	230
Employee Signature	Outside Duty: From – To						815	12:45						
Document exceptions or comments, indica amount.	ate type and		7.50	Pomp Tim	e .	5.0	3.0	0 _	2.0		VA.		0T 7.5	
Renczkowski, Daniel	Day: In – Out		645	245	645	245	C045	245	045	245	1045	545	645	245
45161000	Lunch: Out – In		1150	12:20	1200	1230	1130	1200	1200	GE41	1200	12320	1145	1215
Employee Signature	Outside Duty: From – To						815 815	18:45						
Document exceptions or comments, indica amount.	ate type and		HO 7.5	L hrv							ال 3 ا	~ \C,	07 7.5	ς 5 μς,
Sprague, Shirley	Day: In – Out		(JO)		750	400	908	510	905	505	850	457		
45161900	Lunch: Out – In		185 /	120	iw	130	100	130	100	/30	101	130		
Employee Signature	Outside Duty: From – To									1.				
Document exceptions or comments, indica amount.	ate type and		HL,	V125	vac.	In								
Tran, Mai	Day: In – Out		715	115			710	110	715	230				
45161000 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Lunch: Out – In								1130	12				
Employee Signature	Outside Duty: From – To	H 1											***************************************	
Document exceptions or comments, indica amount.	ate type and													

Director's Signa, .: Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee Name:		Sunday 02/19/12	Monday 02/20/12	Tuesday 02/21/12	Wednesday 02/22/12	Thursday 02/23/12	Friday 02/24/12	Saturday 02/25/12
Zanolli, Janice	Day: ln – Out							
15161000 A	Lunch: Out – In							
mployee Signature	Outside Duty: From – To							
Pocument exceptions or comments, incommount.	licate type and		HLN 7.5	VAC	VAC 7.50	VAC 7.50	VAC 7.5	
	Day: In Out							
	Lunch: Out – In							
Employee Signature	Outside Duty: From – To							
Document exceptions or comments, incomments, incomments.	licate type and							
	Day: In – Out							
	Lunch: Out – in							
Employee Signature	Outside Duty: From – To							
Document exceptions or comments, incomments, incomments	licate type and					, i	<u> </u>	
	Day: In – Out							
	Lunch: Out – In							
mployee Signature	Outside Duty: From – To							
ocument exceptions or comments, inc	licate type and							

Time Log/Program / Area: 2046- Fiscal Services

Employee signatures on this time sheet certify the employee iras performed the work associated with the account(s) listed.

Employee Name:	1	Cund	02/40/42	T	000000	T				K Enaing:		······			
-np.vjvo name.	Sunday 02/19/12		Monday	02/20/12			Wednesday 02/22/12		Thursday 02/23/12		Friday 02/24/12		Saturday 02/25/12		
Salemi, Charles	Day: In – Out					930	600	945	600	940	533	945	105		
45161000	Lunch: Out – in					1710	100	1705	100	1210	1250	1208	1253		
Employee Signature	Outside Duty: From – To				,										
Document exceptions or comments, indicate type and amount.				HL	V								I		
Saunders, Della	Day: In – Out			6:45	2:45	6:45	5:15	645	5:5	6:45	5:15	6,45	515	101425	2145
45161000	Lunch: Out – In			1.30	2:00	140	2:10	1:50	siw	1:30	2:00	1:30	2110	1:30	giW
Employee Signature	Outside Duty: From – To							300 815	13:45	•					
Document exceptions or comments, indicate type and amount.				HOL	2.5	OTS	2,5	OTF	2,5	OTI	025	OTF	25	070	7.5
	Day: In – Out														
	Lunch: Out – In		10 600 - 17 7 7 7 1												
Employee Signature	Outside Duty: From – To														
Document exceptions or comments, indica amount.	ate type and											_			
	Day: In Out														
	Lunch: Out In														
Employee Signature	Outside Duty: From – To														
Document exceptions or comments, indicate type and amount.															

OVERTIME REQUEST FORM

Name of Emp	oloyee: Lis	tal Below		Employee #	:Listel Belin
Department:	Drugla	obueatarey			
Date(s) of over	ertime work:	Februarya.	ı -> Februa	11 <u>195, 201</u> 2	
# of hours rec			,		
Why work ca	nnot be comp	pleted during reg	gular hours: 4	ignificant bac	Hy Fayes
Overtime is to	- <u>.</u>	l at OT rate	_added to co	omp time balance	
OT Account:	8100974	19			
Approval: Supervisor:	C.	Lalem	<u> </u>	Date	: 2/21/12
Department	Head:				:
Denial reaso	n:				
lame	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Tichael Lauke	120459	2,25			
ausllechi	31/855	10.5			
ke peo	138 624	17.5			
ncHerezkinski	297673	10,5			<u></u>
		1	1	1	

OVERTIME REQUEST FORM

Name of Emp	oloyee: 1	sted Be	low			Employee	#: Liskal Belgn
Department: _	Drug Lo	chopa fo	ry_		_		
Date(s) of ove	(/		VE\ ƏU;	2012	•		
# of hours req						. /	
Why work can	nnot be com	pleted duri	ng regu	lar hours	:: Sizz.	gificant L	buktuyok saybes
Overtime is to	be:paic (40	d at OT rate Trate, complete	e below)	_added to	comp	time balanc	ce Littleday
OT Account:							
Approval:	2. 1. 1.		,				<i>f f</i>
Supervisor:_		Sal	om.	2		Dat	e: <u>2/21/1</u> 2
Department I	Head:					Dat	e:
Denial reason	n:					,	
Name	Employee ID	Overtime e	arned	Vame		Employee ID #	Overtime earned
Tahac/Laydel	120459	7.5hps	(:Hrdspay	/			
rus Llesh i eke Pieo rjet lenczkinski	31/855	7,5hps_	COM	И			
KE KIED	138694	7.5/185 G					
njel KerCzKurski	297673	7.5/1/5 6	Mdayp				



OVERTIME REQUEST FORM

Name of Employee: Della Saunders Er	mployee #: <u>/47387</u>
Department: Deug Laboratury	
Date(s) of overtime work: February 30, 3018	· · · · · · · · · · · · · · · · · · ·
# of hours requested: 7.5	0 (0 (1 0 0 1
Why work cannot be completed during regular hours: Signif	<u> Grant Buck legal Gry</u> an
Overtime is to be: paid at OT rate added to comp tim (If OT rate, complete below)	ne balance 🗌 6th day Apaly
OT Account:	
Approval:	
Supervisor: Aalem	Date: <u>2/21/12</u>
Department Head:	Date:
Denial reason:	



OVERTIME REQUEST FORM

Name of Employee: De	<u>lla Saundee</u>	5	Employee #: 147387	>
Department: Drug Law	begatory			
Date(s) of overtime work:	/ .	01 -> Febru	Mey 25, 2017	
# of hours requested:	7.50 hps		0	0
Why work cannot be comp	oleted during regu	lar hours: <i>Sto</i>	rn Faut Backlag o	f Si
	at OT rate v	added to comp	time balance [
OT Account: <u>8100 974</u>	9			
Approval:	$\mathcal{A}_{\mathcal{D}}$	1880 - 1224 B. H. J. J. J. J. H.		·
Supervisor:	Adlemi		Date:2/21/	12
Department Head:			Date:	
Denial reason:		· ————————————————————————————————————		

Good Morning For Here are the time Employee	•	last week, Date	Change From	Change To
Kate Corbett	296644	2/24/12	REG 7.5	VAC 7.5
Lisa Glazer	314719	2/24/12	REG 7.5	VAC 1.5
Hevis Lleshi	311855	2/23/12	REG 7.5	PER 2.5
Peter Piro	138624	2/24/12	REG 7.5	VAC 1.5
Thanks, Della				